MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

01974

CERTIFICATE OF DEATH

Reg. Dist. No. 2520

1. PLACE OF DEATH:
County: Queen Annes
City or town: Centreville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 46 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Annes
City or town: Centreville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Meta Laula Barton

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): August 6 - 1886

8. AGE: Years	Months	Days	If less than one day
60	6	13	..... hrs. ..... min.

9. Birthplace: Talbot Co Maryland
(Town, county, and state)
10. Usual occupation: Retired
11. Industry or business

FATHER
12. Name: William James Barton
13. Birthplace: Caroline Co Maryland

MOTHER
14. Maiden name: Laula Megan Jump
15. Birthplace: Talbot Co Maryland

16. Informant: W. Edward Barton
Address: Centreville Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 22-47 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville Maryland.

18. Funeral director: Marvin Wilcoxen
Address: Chestertown, Md

19. Feb. 21 - 1947 (Date rec'd by registrar) Elsie Armstrong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 19 1947, at 10 7/8 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 7 1947, to Feb 19 1947
and that I last saw her alive on Feb 19 1947

Immediate cause of death	DURATION
Cerebral Thrombosis	5 days
Due to Hypertension Cardio Renal disease	4 years
Due to Generalized Arteriosclerosis	years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: none
Date of op.
Autopsy results: none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: C. A. Layton MD
M. D. or other
Address: Centreville Md Date signed: 2-21-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

★ 01975

Reg. Dist. No. 2516

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Crumpton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Queen Anne's
City or town: near Crumpton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Earl ~~Blackston~~ Blackston

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mary E. Blackston
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 14-1900

8. AGE:

Years	Months	Days	If less than one day
46	03	17	hrs. min.

9. Birthplace: Queen Anne Co Md
(Town, county, and state)
10. Usual occupation: Farm Laborer
11. Industry or business

FATHER
12. Name: Samuel Blackston
13. Birthplace: Queen Anne Co Md

MOTHER
14. Maiden name: Geneva Lewis
15. Birthplace: Md.

16. Informant: Mary E. Blackston
Address: Chestertown Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: May. 23-47
(month) (day) (year)
Cemetery or crematory: Mt Hermon Corner
Location: Mt Hermon Corner Md.
18. Funeral director: Edgar L. Lane
Address: Church Hill Md.

19. 3-22 1947
(Date rec'd by registrar)
Edgar L. Lane
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 1- 19 47, at 4:35 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death: This man was found drowned - Accident

DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: Feb 1-1947
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. Harvey Fisher Capt. Med. Examiner
M. D. or other
Address: Centreville Md. Date signed: 3/22-47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(95c) 01976 Reg. Dist. No. 2510

1. PLACE OF DEATH:
County: Queen Anne
City or town: Church Hill Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 Months
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Queen Anne
City or town: Centreville, Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Sarah Elizabeth Carter

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: James H. Carter
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Sept 7 - 1864

8. AGE: Years	Months	Days	If less than one day
82	5	23	hrs. min.

9. Birthplace: Kent Mills - Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Francis Asbury Bartlett
13. Birthplace: Caroline Co Md.

MOTHER
14. Maiden name: Martha Jane Stack
15. Birthplace: Kent Mills - Md

16. Informant: H. Bennett Carter
Address: Centreville - Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 2-47 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville Md

18. Funeral director: Barton Bros
Address: Centreville - Md

19. Mar. 1 1947 (Date rec'd by registrar) Edgar L. Lane Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 28 1947, at 1 o'clock P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 27 1947, to Feb 28 1947
and that I last saw h[illegible] alive on Feb. 27 1947

Immediate cause of death	DURATION
Pneumonia	
Due to Influenza	
Due to Heart	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: H. J. McMullen M. D. or other
Address: Centreville Md Date signed 2/28/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-6)

01977

CERTIFICATE OF DEATH

Reg. Diat. No. 2510

1. PLACE OF DEATH:
County Queen Annes
City or town Mr Millington
(If outside city or town limits write RURAL and give nearest town)
How long in above place of death?
Hospital Institution, or street address where death occurred:
Palmetory's Nursing Home
How long in hospital or institution? several weeks -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Annes
City or town Stevensville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Lana L. Goodhand

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 13 - 1857

8. AGE: Years 89 | Months 5 | Days 2 | If less than one day hrs. min.

9. Birthplace Chester, Kent Island Md. (Town, county, and state)
10. Usual occupation Housekeeper
11. Industry or business
12. FATHER Name William Goodhand
13. Birthplace Do not know
14. MOTHER Maiden name Sarah Wendester
15. Birthplace Kent Island Q.A. Co. Md
16. Informant Mr Barnie Legg
Address Stevensville, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feby 17-47 (month) (day) (year)
Cemetery or crematory Stevensville
Location Stevensville, Maryland
18. Funeral director Baxter Bros
Address Centreville, Maryland
19. 2-17 1947 Agar L. Lane
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1947 at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1947 to Feb 15 1947 and that I last saw h[illegible] alive on Feb. 12 1947

Immediate cause of death	DURATION
Auto Obstruction	Instan
Due to Natural Causes	Several Years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Merritt Bire M. D. or other
Address Millington Md Date signed 2/17/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21a)

CERTIFICATE OF DEATH

01978

Reg. Dist. No. 2540

1. PLACE OF DEATH:
County: Queen Anne
City or town: Rural Queenstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 26 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Rural Queenstown, Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Charles CocKey Higdon

3.(b) Social Security Number: 213-20-3534

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Laura Belle Higdon
6.(c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): Jan 12, 1893

8. AGE:

Years	Months	Days	If less than one day
54	0	26	hrs. min.

9. Birthplace: Queenstown, Queen Anne, Md.
(Town, county, and state)

10. Usual occupation: Waterman

11. Industry or business

FATHER
12. Name: Thomas Edward Higdon
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Fannie Carolyn Pring
15. Birthplace: England

16. Informant: Mrs. Laura Belle Higdon
Address: Queenstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feby 10-47 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville, Maryland

18. Funeral director: Baston Bros
Address: Centreville, Maryland

19. Feb. 10 1947 (Date rec'd by registrar) Helen M. Aldridge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 7 1947, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 2 1946, to February 7 1947
and that I last saw h. alive on February 7 1947

Immediate cause of death	DURATION
Coronary Thrombosis	1 day
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: William C. Lane, MD
M. D. or other
Address: Queenstown, MD Date signed: Feb 7, 1947

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

01979

Reg. Dist. No. 2621

1. PLACE OF DEATH:
County: Queen Annes
City or town: Centreville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? about 6 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Annes
City or town: Centreville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Virginia Wick Ingels

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

B.(b) Name of husband or wife: Howard P. Ingels
B.(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): December 21- 1890

8. AGE:	Years	Months	Days	If less than one day
	56	1	18	hrs. min.

9. Birthplace: Youngstown Ohio (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Charles Justus Wick
13. Birthplace: Youngstown Ohio

MOTHER
14. Maiden name: Ekelin Thorne
15. Birthplace: Youngstown Ohio

16. Informant: Howard P. Ingels
Address: Centreville Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 10-47 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville, Maryland
18. Funeral director: Bacon Bros
Address: Centreville. Maryland

19. 2-10- 1947 (Date rec'd by registrar) Elsie Armstrong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 8 1947, at 2 27 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 1947, to Feb 8 1947 and that I last saw her alive on Feb 7 1947

Immediate cause of death	DURATION
Uremia	3 day
Coronary Occlusion	2 3 Day
Due to: Hypertension Cardiac	
Vascular Renal Disease	15 year
Due to: Generalized Arteriosclerosis	15 Years
Other conditions: Cerebrovascular Accident	2 years

(Include pregnancy within 3 months of death)

Major findings of operations: none
Date of op.
Autopsy results: none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: C R Layton MD (M. D. or other)
Address: Centreville Md Date signed 2-8-47

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

01980

Reg. Dist. No. 2540

1. PLACE OF DEATH:
County: Queen Anne
City or town: Queenstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 mos.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Queenstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Wilfred L. Johnson

3.(b) Social Security Number: 216-12-1344

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	divorced

6.(b) Name of husband or wife: Addie Johnson
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 3 - 1873

8. AGE:

Years	Months	Days	If less than one day
73	3	20	..... hrs. ..... min.

9. Birthplace: Milford - Delaware (Town, county, and state)
10. Usual occupation: Sawyer
11. Industry or business: lumber
FATHER 12. Name: Geo. W. Johnson
13. Birthplace: Delaware
MOTHER 14. Maiden name: Emma E. Harris
15. Birthplace: Delaware
16. Informant: Mr. George Aldridge Jr.
Address: Queenstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 26 1947 (month) (day) (year)
Cemetery or crematory
Location: Delmar - Delaware
18. Funeral director: Barton Bros.
Address: Centreville - Md.
19. February 23 1947 (Date rec'd by registrar) Helen M. Aldridge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 23 1947 at 8:30 P M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from August 1946 to January 1947
and that I last saw h.e.m. alive on January 1947

Immediate cause of death	DURATION
Burns, severe	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: Feb 23, 1947
Where did injury occur? Queenstown (City or town) Queen Anne (County) Md (State)
Injured at home, farm, industry, public place (where?): Home
Means of injury: House burned Injured at work? No

23. SIGNATURE: William C. Crane, MD (M. D. or other)
Address: Queenstown, MD Date signed: Feb 23, 1947

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1 – 35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

01981

Reg. Dist. No. 252

1. PLACE OF DEATH:

County: Queen Anne's

City or town: Queen Anne's

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 75 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Queen Anne's

City or town: Queen Anne's, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: No.

3.(a) FULL NAME Thomas Ambrose Lynch

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 12th 1866

8. AGE: Years: 81 | Months | Days: 1 | If less than one day: ..... hrs. ..... min.

9. Birthplace: New York State (Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business

FATHER — 12. Name: John A. Lynch

FATHER — 13. Birthplace: New York State

MOTHER — 14. Maiden name

MOTHER — 15. Birthplace: New York State

16. Informant: William Lynch

Address: Queen Anne.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 2-15-47 (month) (day) (year)

Cemetery or crematory: Queen Anne Cemetery

Location: Hillsboro Md.

18. Funeral director: J. Virgil Moore

Address: Denton Md.

19. Feb. 14 1947 (Date rec'd by registrar) Elsie Armstrong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1947 at 6 30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from day 1941, to Feb 13 1947

and that I last saw h alive on Feb 12 1947

Immediate cause of death: Myocardial failure — DURATION: 5 days

Due to: Cardio-renal arteriosclerosis — DURATION: 10 years

Due to: ..... — DURATION: .....

Other conditions: Hemorrhagic cystitis — DURATION: 1 year

(Include pregnancy within 3 months of death)

Major findings of operations: .....

Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Kurt Ledeen M. D.

M. D. or other

Address Queen Anne's Md. Date signed 2/14/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01982

Reg. Diat. No. 2526

1. PLACE OF DEATH:
County: Queen Annes
City or town: Rural Centreville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 38 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Annes
City or town: Rural Centreville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3. (a) FULL NAME: Alga Neighbors

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	widowed

6.(b) Name of husband or wife: Effie Rust Neighbors
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): August 15- 1868

8. AGE:

Years	Months	Days	If less than one day
78	5	28	..... hrs. ..... min.

9. Birthplace: Talbot Co. Maryland
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: James Madison Neighbors
13. Birthplace: Ireland
MOTHER 14. Maiden name: Maggie Todd
15. Birthplace: Talbot Co Maryland
16. Informant: Mrs Dupin Mitchell
Address: Rural Centreville, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feby 15- 47 (month) (day) (year)
Cemetery or crematory: Sprughill
Location: Easton, Maryland
18. Funeral director: Baston Bros
Address: Centreville. Maryland.
19. 2-14- 1947 Elsie Armstrong
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 12th 1947, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1945, to Feb. 12 1947
and that I last saw h[illegible] alive on Feb. 7 1947

Immediate cause of death	DURATION
Chronic Valvular disease of the heart.	
Due to	
Due to Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. S. McKeown M. D. or other
Address: Centreville Md Date signed 2/14/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

2-35-

LL

01983

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/a

CERTIFICATE OF DEATH

Reg. Dist. No. 2510

1. PLACE OF DEATH

County: Queen Annes

City or town: Rural Millington

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution or street address where death occurred: Palmatary Nursing Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Delaware County:

City or town: Wilmington

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Minnie M. Smith

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Thomas Smith

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 27, 1871

8. AGE:

Years	Months	Days	If less than one day
75	1	25	hrs. min.

9. Birthplace: Chesapeake, Cecil, Md.

(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER

12. Name: William Craig

13. Birthplace: Md.

MOTHER

14. Maiden name: Catharine Cole

15. Birthplace: Md.

16. Informant: Mrs. Robert W. Poole

Address: Wilmington Del.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 24 1947 (month) (day) (year)

Cemetery or crematory: Bethel

Location: Near Chesapeake City Md

18. Funeral director: Edward Kelloch

Address: Millington Md.

19. Feb. 23 1947 (Date rec'd by registrar) Edgar L. Land Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 21 19 47 at 10 31 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb. 18 19 47 to Feb. 21- 19 47

and that I last saw h[illegible] alive on Feb. 20 19 47

	DURATION
Immediate cause of death: Uremia	4 days
Due to: Chr. Interstitial Nephritis	several years
Due to: Arteriosclerosis	"
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, ferm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Brent Burris M. D. or other

Address: Millington Md. Date signed: 2/23/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

2-55

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01984

Reg. Dist. No. 2530

1. PLACE OF DEATH:
County Queen Annes
City or town Chester
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Nearly all his life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Annes
City or town Chester
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war no

3.(a) FULL NAME George Thomas Tull

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6.(b) Name of husband or wife Cora Wiggins Tull
6.(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) December 27. 1872

8. AGE:	Years	Months	Days	If less than one day
	74	1	18	hrs. min.

9. Birthplace Anne Arundel Co. Md (Town, county, and state)
10. Usual occupation Waterman
11. Industry or business
FATHER 12. Name Thomas Henry Tull
13. Birthplace Somerset Co. Md
MOTHER 14. Maiden name Henrietta Whitney
15. Birthplace Somerset Co. Md
16. Informant George Tull
Address Chester. Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 16-47 (month) (day) (year)
Cemetery or crematory Stevensville
Location Stevensville. Maryland
18. Funeral director Baxter Bros
Address Centreville. Maryland

19. 2, 16 19 47 Elizabeth Hopkins Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Febr. 14 1947 at 7 30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 2 1946, to Febr. 14 1947 and that I last saw him alive on Febr. 13th 1947.

	DURATION
Immediate cause of death	
Tabes dorsalis	about 5 years
Due to (locomotor ataxia)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Theodor Sattelmeier M.D.
M. D. or other
Address Stevensville Date signed 2/15/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

01985

2510

CERTIFICATE OF DEATH

Reg. Dist. No. 2502

1. PLACE OF DEATH:

County: Queen Anne

City or town: Kingstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Kingstown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Wade H. VanNess

3.(b) Social Security Number: 227-07-9165

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6.(b) Name of husband or wife: Florentine G. VanNess

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 21, 1882

8. AGE: Years	Months	Days	If less than one day
64	5	6	hrs. min.

9. Birthplace: Westmoreland Co. Virginia
(Town, county, and state)

10. Usual occupation: District Manager

11. Industry or business: Peoples Life Ins. Co.

FATHER
12. Name: William H. VanNess
13. Birthplace: Westmoreland Co. Virginia

MOTHER
14. Maiden name: Sara Northum
15. Birthplace: Virginia

16. Informant: Mrs. Florentine VanNess

Address: Chestertown, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 2, 1947 (month) (day) (year)

Cemetery or crematory: Onancock Cem.

Location: Accamac Co. Virginia

18. Funeral director: J. Willis Wells

Address: Chestertown, Md.

19. Feb. 27, 1947 (Date rec'd by registrar) Clara S. Barnes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 27. 1947 19 at 10.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 27. 1947 19 to Feb. 27. 1947 19 and that I last saw him alive on Feb. 27. 1947 19

Immediate cause of death	DURATION
Coronary Thrombosis	Several months
Due to: Aterio Sclerosis	Several yrs.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: None Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? None
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. Signature: Chestertown Md. Jack Hume M.D.
M. D. or other

Address: Date signed 2.27.47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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